PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

Q80097

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
(Column 1) (Column 2) TOTAL CLAIMS							Ì	TYPE [OR		ENTITY	
TOTAL CLAIMS			29					RATE	FEE] .	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEI	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			29 minus 20= * 9					X\$ 9=		OR	X\$18=	162	
<u> </u>	DEPENDENT C		4 minus 3 = 1					X43=		OR	X86=	86	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	1018		
CLAIMS AS AMENDED - PART II										4	OTHER	THAN	
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL		
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	l	X\$ 9=		OR	X\$18=		
	Independent	*	Minus *** ON OF MULTIPLE DEPENDEN		CL AINA	=		X43=		OR	X86=		
<u> </u>	FINST PRESE	ENTATION OF IVI	JETIPLE DEF	PENDENT	CLAIM			+145=		OR	+290= .	· 10	
											· TOTAL		
(Column 1) (Column 2) (Column 3)								DDIT. FEE		10	ADDIT. FEE		
_		CLAIMS		HIGHE		(Column 3)	ŀ		ADDI-	1 1	·	ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	* .	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 1 45		1	.000		
							L	+145=		OR	+290=		
							Al	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)						·	
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	Γ	X\$ 9=		OR	X\$18=		
	Independent		Minus	***		=	┢	X43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-		OR	7.00-		
	Ab			_				+145=		OR	+290=		
** [1	the "Highest Nur	nn 1 is less than the nber Previously Pa	id For IN THIS	SPACE is I	ess than	20, enter "20."	ΔΓ	TOTAL DIT. FEE		OR ,	TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													